

MCSP Reporting Requirements by Item & Facility Type for Cases Diagnosed in 2013 (NAACCR Format 13.0)

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Specific reporting requirements for hospitals operating a cancer registry, hospitals with no cancer registry, and independent laboratories are summarized in the table below. The need to report an item has been assigned to the levels of required, reportable, and not required. These requirements are patterned after the American College of Surgeons (ACoS) levels for inclusion of information within a hospital registry. The practical definitions of these levels of reportability are best termed as levels of effort associated with collecting and providing the information.

If there is no information available, and inquiries have been made, do not leave the item blank (unless specifically noted in the individualized data item instructions, i.e., family history of cancer.) Instead, record the appropriate NOS or default code.

[REQ] Required	The facility <u>must</u> collect and report the information with data collection efforts including review of the patient's hospital charts, outpatient records or other available records, as well as making inquiries with other facilities or the physician on record as is necessary to obtain the information.
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NOTE: For instructions on how to code missing information, refer to the applicable coding manual for that data item.

[REP] Reportable	The facility must report the information if it can be located within the patient's chart, outpatient records or other available records, but need not make inquiries of other facilities or physician's offices.
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[N/R] Not Required/ Not Reportable	Item considered generally not available to the facility and/or not considered as reliably available. Information may be reported if available to the facility.
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Special Site Specific Factor Field Requirements:

The site specific factor field requirements are modeled after the requirements set forth by the American College of Surgeons. Refer to file "CoC and SEER Combined Site Specific Factors List (140K XLS)" located at <http://seer.cancer.gov/tools/ssf/> for a complete listing of the SSF fields.

MCSP has created a color coded spreadsheet that indicates which SSF fields are required. This spreadsheet is named "MCSP SSF Requirements by Primary Site Jan 2013" and can be downloaded from the MCSP website http://www.michigan.gov/mdch/0,1607,7-132-2945_5221-16586--,00.html.

Collaborative Staging version 02.04 requires values for ALL SSF fields in abstracts submitted to MSCP. Those SSF fields highlighted in orange will be REQUIRED or REPORTABLE based upon facility type. Refer to the facility types listed below for specific requirements.

Hospital with a Registry:

The SSF fields highlighted in orange are REQUIRED for hospitals with a registry. In other words, if the information is not available in the medical record, you are required to make inquiries to find the information.

If the SSF field is NOT highlighted in orange, then the item is REPORTABLE for a hospital with a registry. That is, if the information is in the medical record, you are required to report it; however if the information is not in the medical record, you do NOT need to make inquiries to locate the information.

If there is no information available, and inquiries have been made, do NOT leave the item blank. Refer to the CSv02.04 manual for the correct default codes.

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Hospital without a Registry:

ALL of the SSF fields are REPORTABLE for a hospital without a registry, regardless of whether or not the fields are highlighted in orange. That is, if the information is in the medical record, you are required to report it; however, if the information is not in the medical record, you do not need to make inquiries to locate the information.

If there is no information available, do NOT leave the item blank. Refer to the CSv02.04 manual for the correct default codes.

Independent Laboratories:

The SSF fields are NOT required, or reportable for laboratories. However, do not leave the item blank. Refer to the CSv02.04 manual for the correct default codes.

Facility Type

When two facilities with different reporting requirement levels coordinate reporting responsibilities, the requirements for reporting are determined by the facility with the highest reporting level. For example, should a laboratory and a hospital with a registry agree to share reporting responsibilities, the reporting requirement to meet would be of a 'hospital with a registry.'

Once you have determined your facility type, use the table on the following pages to determine the level of reporting requirement for each data item. The definitions for the three facility types are as follows:

1. Hospital with a Registry - an entity that has an approved cancer program by the American College of Surgeons (ACoS) or *working* towards ACoS approval *or* a regional registry that houses data for surrounding facilities.
2. Hospital without a Registry - geared towards smaller entities that do not have an approved cancer program *or* have limited resources to diagnosis and treat cancer patients.
3. Independent Laboratories - a separate laboratory from a hospital that reads specimens for either a hospital or physician's office.

<i>Item Number</i>	<i>MCSP Item Name</i>	<i>NAACCR Item</i>	<i>Hospital w/ Registry</i>	<i>Hosp w/o Registry</i>	<i>Independent Laboratory</i>
1a	Last Name of Patient	2230	REQ	REQ	REQ
1b	First Name of Patient	2240	REQ	REQ	REQ
1c	Middle Name of Patient	2250	REQ	REQ	REQ
2	Maiden Name	2390	REP	REP	N/R
3	Alias Name	2280	REP	REP	N/R
4	Social Security Number	2320	REQ	REQ	REQ
5a	Patient Address at Time of Diagnosis (Number & Street)	2330	REQ	REQ	REQ
5b	City/Town at Diagnosis	70	REQ	REQ	REQ
5c	Supplemental Address at Diagnosis	2335	REQ	REQ	REQ
5d	State at Diagnosis	80	REQ	REQ	REQ

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5e	Zip Code at Diagnosis	100	REQ	REQ	REQ
6a	County at Diagnosis	90	REQ	REQ	REQ
6b	Country at Diagnosis	102	REQ	REQ	REQ
6c	Current Address	1810-1830, 1832, 2350, 2355	REQ	REQ	REQ
7	Date of Birth	240	REQ	REQ	REQ
8a	Birthplace - State	252	REP	REP	N/R
8b	Birthplace - Country	254	REP	REP	N/R
9	Sex	220	REQ	REQ	REQ
10	Spanish/Hispanic Origin	190	REQ	REQ	REP
11	Race (1-5)	160-164	REQ	REQ	REQ
12	Marital Status at Diagnosis	150	REP	REP	REP
13	Primary Payer at Diagnosis	630	REQ	REQ	REP
14a	Comorbidities/Complications (1-10)	3110-3164	REQ	REQ	N/R
14b	Secondary Diagnoses (1-10)	3780-3798	REQ	REQ	N/R
15a	Usual Occupation Prior to Retirement	310	REP	REP	N/R
15b	Usual Industry Prior to Retirement	320	REP	REP	N/R
16a-c	Family History of Cancer	9520 State specific item #	REP	REP	N/R
17	Alcohol Use	9521 State specific item #	REP	REP	N/R
18	Tobacco Use	9522 State specific item #	REP	REP	N/R
19	Medical Record Number	2300	REQ	REQ	N/R
20	Laboratory Report Number	9507	REP	REP	REQ
21	Accession Number and Sequence Number	550/560	REQ	N/R	N/R
22	Type of Reporting Source	500	REQ	REQ	REQ
23	Case Finding Source	501	REQ	REQ	REQ
24	Reporting Facility and City	540	REQ	REQ	REQ
25	Michigan Facility Number	9508	REQ	REQ	REQ
26	Class of Case	610	REQ	REQ	REQ

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27a	Date of Inpatient Admission	590	REQ	REQ	N/R
27b	Date of Inpatient Admission Flag	591	REQ	REQ	N/R
28a	Date of Inpatient Discharge	600	REQ	REQ	N/R
28b	Date of Inpatient Discharge Flag	601	REQ	REQ	N/R
29	Date of First Contact	580	REQ	REQ	N/R
30	Date of (Initial) Diagnosis	390	REQ	REQ	REQ
31	Primary Site (Code/Text)	400/2580	REQ	REQ	REQ
32	Laterality (Paired Organ)	410	REQ	REQ	REQ
33a	Histology (Code/Text)	2570/522/2590	REQ	REQ	REQ
33b	Behavior Code	523	REQ	REQ	REQ
34	Grade/Differentiation	440	REQ	REQ	REQ
35	Grade Path System	449	REQ	REQ	REQ
36	Grade Path Value	441	REQ	REQ	REQ
37	Lymph Vascular Invasion (LVI)	1182	REQ	REQ	REP
38	Diagnostic Confirmation	490	REQ	REQ	REQ
39	SEER Summary Staging 2000	759	REQ	REQ	REQ
40	AJCC Stage: Clinical T	940	REQ	REP	N/R
40 cont'd	AJCC Stage: Clinical N	950	REQ	REP	N/R
40 cont'd	AJCC Stage: Clinical M	960	REQ	REP	N/R
40 cont'd	AJCC Clinical TNM Stage Group	970	REQ	REP	N/R
40 cont'd	AJCC Clinical TNM Descriptor	980	REQ	REP	N/R
40 cont'd	AJCC Stage: Pathological T	880	REQ	REP	N/R
40 cont'd	AJCC Stage: Pathological N	890	REQ	REP	N/R
40 cont'd	AJCC Stage: Pathological M	900	REQ	REP	N/R
40 cont'd	AJCC Pathological TNM Stage Group	910	REQ	REP	N/R
40 cont'd	AJCC Pathological TNM Descriptor	920	REQ	REP	N/R
41	CS Tumor Size	2800	REQ	REQ	REP

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42	CS Extension	2810	REQ	REQ	N/R
43	CS Tumor Size/Ext Eval	2820	REQ	REQ	N/R
44	CS Lymph Nodes	2830	REQ	REQ	N/R
45	CS Lymph Nodes Eval	2840	REQ	REQ	N/R
46	Regional Lymph Nodes Positive	820	REQ	REQ	N/R
47	Regional Lymph Nodes Examined	830	REQ	REQ	N/R
48	CS Metastasis at Diagnosis	2850	REQ	REQ	N/R
49	CS Mets at DX - Bone	2851	REQ	REQ	N/R
50	CS Mets at DX - Brain	2852	REQ	REQ	N/R
51	CS Mets at DX - Liver	2853	REQ	REQ	N/R
52	CS Mets at DX - Lung	2854	REQ	REQ	N/R
53	CS Mets Eval	2860	REQ	REQ	N/R
54	Site-Specific Factor (SSF) 1	2880	Refer to special SSF requirements listed above		N/R
55	SSF2	2890	Refer to special SSF requirements listed above		N/R
56	SSF3	2900	Refer to special SSF requirements listed above		N/R
57	SSF4	2910	Refer to special SSF requirements listed above		N/R
58	SSF5	2920	Refer to special SSF requirements listed above		N/R
59	SSF6	2930	Refer to special SSF requirements listed above		N/R
60	SSF7	2861	Refer to special SSF requirements listed above		N/R
61	SSF8	2862	Refer to special SSF requirements listed above		N/R
62	SSF9	2863	Refer to special SSF requirements listed above		N/R
63	SSF10	2864	Refer to special SSF requirements listed above		N/R
64	SSF11	2865	Refer to special SSF requirements listed above		N/R
65	SSF12	2866	Refer to special SSF requirements listed above		N/R
66	SSF13	2867	Refer to special SSF requirements listed above		N/R
67	SSF14	2868	Refer to special SSF requirements listed above		N/R
68	SSF15	2869	Refer to special SSF requirements listed above		N/R

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69	SSF16	2870	Refer to special SSF requirements listed above		N/R
70	SSF17	2871	Refer to special SSF requirements listed above		N/R
71	SSF18	2872	Refer to special SSF requirements listed above		N/R
72	SSF19	2873	Refer to special SSF requirements listed above		N/R
73	SSF20	2874	Refer to special SSF requirements listed above		N/R
74	SSF21	2875	Refer to special SSF requirements listed above		N/R
75	SSF22	2876	Refer to special SSF requirements listed above		N/R
76	SSF23	2877	Refer to special SSF requirements listed above		N/R
77	SSF24	2878	Refer to special SSF requirements listed above		N/R
78	SSF25	2879	Refer to special SSF requirements listed above		N/R
79	RX Summ – RX Status	1285	REQ	REQ	N/R
80a	Date First Course of Treatment	1270	REQ	REQ	N/R
80b	Date First Course of Treatment Flag	1271	REQ	REQ	N/R
81	Systemic/Surgery Sequence	1639	REQ	REQ	N/R
82	Reason for No Surgery of Primary Site	1340	REQ	REQ	N/R
83a	Date First Surgical Procedure	1200	REQ	REQ	N/R
83b	Date First Surgical Procedure Flag	1201	REQ	REQ	N/R
84	Surgical Procedure of Primary Site (Code/Text)	1290/2560/2610	REQ	REQ	N/R
85	Surgical Procedure/Other Site	1294	REQ	REQ	N/R
86	Scope of Regional Lymph Node Surgery	1292	REQ	REQ	N/R
87	Radiation/Surgery Sequence	1380	REQ	REQ	N/R
88a	Date Radiation Started	1210	REQ	REQ	N/R
88b	Date Radiation Started Flag	1211	REQ	REQ	N/R
89	Reason For No Radiation	1430	REQ	REQ	N/R
90	Radiation Treatment Modality	1570	REQ	REQ	N/R
91a	Date Chemotherapy Started	1220	REQ	REQ	N/R
91b	Date Chemotherapy Flag	1221	REQ	REQ	N/R

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92	Chemotherapy	1390	REQ	REQ	N/R
93	Hematologic Transplant and Endocrine Procedures	3250	REQ	REQ	N/R
94a	Date Hormone Therapy Started	1230	REQ	REQ	N/R
94b	Date Hormone Started Flag	1231	REQ	REQ	N/R
95	Hormone Therapy	1400	REQ	REQ	N/R
96a	Date Immunotherapy Started	1240	REQ	REQ	N/R
96b	Date Immunotherapy Started Flag	1241	REQ	REQ	N/R
97	Immunotherapy	1410	REQ	REQ	N/R
98a	Date Other Therapy Started	1250	REQ	REQ	N/R
98b	Date Other Therapy Started Flag	1251	REQ	REQ	N/R
99	Other Treatment	1420	REQ	REQ	N/R
100a	Date of Last Contact	1750	REQ	REQ	N/R
100b	Date of Last Contact Flag	1751	REQ	REQ	N/R
101	Text Physical Exam/Signs & Symptoms/Lab Results	2520/2550	REQ	REQ	REQ
102	Text X-rays/Scans	2530	REQ	REQ	N/R
103	Text Biopsy/Scopes/Staging/Path	2540/2570/2600	REQ	REQ	REQ
104	Text Chemo/Hormone/Immunotherapy/Other	2640/2650/2660/ 2670	REQ	REQ	N/R
105	Text Radiation Therapy/Miscellaneous	2620/2630/2680	REQ	REQ	REQ
106	Abstractor Name and Contact Number	570/---	REQ	REQ	REQ
107	Vital Status	1760	REQ	REQ	REQ
108	Date of Death	1750	REQ	REP	N/R
109	Cause of Death	1910	REQ	REP	N/R
110a	Place of Death - State	1942	REQ	REP	N/R
110b	Place of Death - Country	1944	REQ	REP	N/R
111	Date Abstracted	2090	REQ	REQ	REQ